DECLARATION AND POWER OF ATTORNEY FOR UNITED STATES PATENT APPLICATION

X Original	Suppleme	ental Su	ubstitute
As a below-name	d inventor, WE hereby de	clare that:	
My residence, cit	izenship and post office a	ddress are given below	v under my name.
	original, first and joint inv		natter which is
	NICALLY EMBOSSED EMBRANE FOR ANTI-		FING
the specification of which	h		
X is attached here	eto.		
was filed on			As
Application Serial No	o		•
And with amendmen	ts through		(if applicable).
including the claims, as a	and understand the content amended by any amendme y duty to disclose informa ance with Section 1.56 of	nt specifically referred tion of which I am aw	d to above. vare which is material
States Code of any foreig application(s) designating and also identify below a application(s) designating	reign priority benefit under application(s) for patent gat least one country other at least one country other gat least one country other having a filing date before	t or inventor's certificer than the United State patent or inventor's c or than the United State	ate or of any PCT es identified below ertificate or any PCT es filed by me on the
			Priority Claimed
Country	Number	Filing Date	Yes No

Page 1 of 3

I hereby claim benefit under Section 120 of Title 35 of the United States Code of any United States application(s) or PCT application(s) designating the United States identified below and, insofar as the subject matter of each of the claims of this application is not disclosed in said prior application(s) in the manner provided by the first paragraph of Section 112 of Title 35 of the United States Code, I acknowledge my duty to disclose material information of which I am aware as defined in Section 1.56(a) of Title 37 of the Code of Federal Regulations which occurred between the filing date of the prior application(s) and the national or PCT filing date of this application:

Application Serial No.	Filing Date	Status
No. 18,869 and Dr. Walter Kat	z, Reg. No. 19,706, or ei and revocation to prosec	No. 26,835, Marilyn J. Maue, Reg. ther of them as my agent or attorney ute this application and to transact all therewith.
SEND CORRESPONDENCE	го:	DIRECT TELEPHONE CALLS TO:
specification of my own knowl belief are believed to be true; a knowledge that willful false sta imprisonment, or both, under S	statements made herein edge are true and that al nd further that these stat tements and the like so ection 1001 of Title 18 o	
Full name of first joint inventor Inventor's signature Residence Whippany, NJ Post Office Address 34 Wind Citizenship	LI-YING YANG Hemere Ct., Whippany, NJ 07 USA	Date 1/5/04

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run name of second jon	it inventor EDWARD NEBESNAK			
Inventor's signature	Edward Melorande	Date	12/22/03	
Residence Min	e Hill, NJ			
Post Office Address _	st Office Address 42 Edith Place, Mine Hill, NJ 07803			
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. •				
Full name of third joint	inventor WILLIAM P. KUHN			
Inventor's signature	WX-PSPL	Date	12-25-03	
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